



## PART B - FEE(S) TRANSMITTAL

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04/29/2005

AMIN & TUROCY, LLP  
 1900 EAST 9TH STREET, NATIONAL CITY CENTER  
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Heather Holmes (Depositor's name)  
 Heather Holmes (Signature)  
 6/29/05 (Date)

06/30/2005 HDEMSE2 00000013 10676612

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1400.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/676,612	10/01/2003	James J. Xie	H0421 / AMDP954US	7931

TITLE OF INVENTION: ORGANIC MEMORY CELL FORMATION ON AG SUBSTRATE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	07/29/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
DANG, PHUC T	2818	438-692000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Amin &amp; Turocy, LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ADVANCED MICRO DEVICES, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SUNNYVALE, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
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4b. Payment of Fee(s):

- ☐ A check in the amount of this fee(s) is enclosed.  
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-1003 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Himanshu S. Amin

Date: 6/29/05

Typed or printed name

Registration No. 40,894

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